**REGISTRATION FORM**

The Twentieth S.C.Javali Memorial

National Moot Court Competition

14th and 15th October 2017

Name and address of the College including phone numbers and e-mail:

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1. Name of the Mooter:

Photo

Class :

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone No. :

Email  **:**

### Photo

2. Name of the Mooter:

Class :

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone No. :

Email  **:**

3. Name of the Researcher:

Class :

### Photo

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. :

Email  **:**

Signature and Seal

of the Principal

\* Photographs should be attested by the Principal/Head of the concerned Institution.